

Practitioner's Docket No. \_\_\_\_\_

*PATENT*

---

**COMBINED DECLARATION AND POWER OF ATTORNEY**

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,  
CONTINUATION, OR C-I-P)

---

As a below named inventor, I hereby declare that:

**TYPE OF DECLARATION**

This declaration is for an original application.

**INVENTORSHIP IDENTIFICATION**

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am an original, first and joint inventor of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

**TITLE OF INVENTION**

CUFF FOR MEASUREMENT OF BLOOD PRESSURE

**SPECIFICATION IDENTIFICATION**

The specification was filed on \_\_\_\_\_, as Serial No.

**ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR**

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56.

## POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

### APPOINTED PRACTITIONER(S)

Neal L. Slifkin  
Robert A. Brown

### REGISTRATION NUMBER(S)

34,018  
37,057

I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

### SEND CORRESPONDENCE TO

Neal L. Slifkin  
99 Garnsey Road  
  
Pittsford, NY 14534

### DIRECT TELEPHONE CALLS TO:

Neal L. Slifkin  
585-419-8636

## DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

## SIGNATURE(S)

Jack Millay

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_

Country of Citizenship United States

Residence Beaverton, OR

Post Office Address 17443 SW Constance Street, Beaverton, OR 97007

Paul Patterson

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_

Country of Citizenship United States

Residence Beaverton, OR

Post Office Address 16635 SW Sumac, Beaverton, OR 97007